

Members

Sen. Connie Lawson, Chairperson
Sen. Vi Simpson
Rep. Cindy Noe
Rep. Charlie Brown
Abigail P. Flynn
Loretta Kroin
Bryan Lett
Valerie N. Markley
Robert N. Postlethwait
David Thomas
Kathleen O'Connell
Kurt Carlson
Chuck Clark
Caroline Doebbling
Christopher Taelman



COMMISSION ON MENTAL HEALTH

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Authority: P. L. 243-2003

MEETING MINUTES¹

Meeting Date: September 13, 2005
Meeting Time: 10:30 A.M.
Meeting Place: State House, 200 W. Washington St., Room 233
Meeting City: Indianapolis, Indiana
Meeting Number: 3

Members Present: Sen. Connie Lawson, Chairperson; Rep. Charlie Brown; Abigail P. Flynn; Loretta Kroin; Bryan Lett; Valerie N. Markley; Robert N. Postlethwait; David Thomas; Kathleen O'Connell; Kurt Carlson; Chuck Clark; Christopher Taelman.

Members Absent: Sen. Vi Simpson; Rep. Cindy Noe; Caroline Doebbling.

I. Call to Order

Senator Connie Lawson, Chairperson of the Commission, called the meeting to order at 10:35 A.M. Senator Lawson asked Mr. Robert Postlethwait and Mr. Christopher Taelman to introduce themselves since they had been unable to attend previous meetings.

¹ Exhibits and other materials referenced in these minutes can be inspected and copied in the Legislative Information Center in Room 230 of the State House in Indianapolis, Indiana. Requests for copies may be mailed to the Legislative Information Center, Legislative Services Agency, 200 West Washington Street, Indianapolis, IN 46204-2789. A fee of \$0.15 per page and mailing costs will be charged for copies. These minutes are also available on the Internet at the General Assembly homepage. The URL address of the General Assembly homepage is <http://www.ai.org/legislative/>. No fee is charged for viewing, downloading, or printing minutes from the Internet.

II. Update on Mental Hospitals, Mitchell E. Roob, Secretary, Family and Social Services Administration (FSSA),

Mitchell E. Roob, Secretary, FSSA, presented the Commission with a report from Ms. Cathy Boggs on the status of three mental hospitals. (Exhibit 1) Secretary Roob informed the Commission that Ms. Boggs has been named Director of the Division of Mental Health and Addictions (Division). Secretary Roob also presented the members with a draft Request for Information (RFI) relating to the hospitals (Exhibit 2), and a letter to the editor drafted by him concerning the hospitals (Exhibit 3). Secretary Roob informed the Commission that the plan to localize the three hospitals was not based on financial considerations but on a belief that the hospitals can be more responsive if they are controlled locally. In answer to a question from Chairperson Lawson, Secretary Roob said that the current plans were not about meeting mental health care needs but about governance of the hospitals. He said that the Division has entered into a contract with Dennis Jones to perform a needs assessment to identify what services need to be available.

Secretary Roob said that the Division issued the RFI in draft form in order to gain the maximum amount of input early in the process. He is hoping for input from legislators, local units of government, the Commission on Mental Health, the mental health community, employees, advocate groups, and others interested in the delivery of mental health services. Secretary Roob testified that although he had originally thought that the physical facilities of the three hospitals would be sold to the local not-for-profit entities which will operate the hospitals, he has decided that the state should retain ownership of the physical facilities and enter into management contracts with the relevant local not-for-profits.

Senator Lawson asked if FSSA was planning to hold roundtable discussions to facilitate a transition to the new plan for providing mental health services. Secretary Roob said that he hopes to involve community leaders and employees in discussions on the restructuring. Representative Brown asked how the changes will impact the quality of care given. Secretary Roob said that the intent of the plan is to "do no harm". The process will be stopped if the quality of care is at risk. If the hospitals are controlled at the local level, he believes that the hospitals will be able to adapt and evolve more easily.

Secretary Roob said that he does not believe that the hospitals are overly staffed or that the staff is doing a bad job. All current employees will be offered jobs at or above their current compensation. In answer to a question, Secretary Roob said that he does not think the new plan will increase the state's liability. He pointed out that many of the current employees are already contract employees.

In response to a question, Secretary Roob stated that final liability and responsibility for the patients at the hospitals rest with the state. Even if it becomes profitable for the entities that are running the hospitals to take private patients, the hospitals will be required to serve the type of patients now being served by the state. In answer to a question, Secretary Roob said that the state will continue to operate Logansport for forensic purposes in part because there will continue to be a need for secure, long-term mental health care.

Ms. Kathleen O'Connell, member of the Commission, gave the members a letter she received from Judge David Avery of the Allen Superior Court concerning turning control of the hospitals over to private entities. (Exhibit 4)

III. Discussion of Medical Issues, Department of Correction (DOC)

Mr. J. David Donahue, Commissioner, DOC, informed the members that five companies entered bids to provide medical services for DOC. The contract was awarded to two companies - one for dental care and one for all other medical services including mental health services. Commissioner Donahue indicated that the problems he identified when he became Commissioner included a lack of communication with locals when inmates were being released. Services were not being identified and arranged for in local communities when inmates were released. In 2004, 14,000 individuals were released from state prison facilities, and four of ten will return to prison. The Commissioner thinks that a large number of those returning to the prison system do so because of deterioration of their mental health. That is why it is critical to provide better links with the communities to which they are returning to insure follow up care.

Commissioner Donahue reported that he was also faced with administrative and program silos within the DOC which hindered communication and planning. He has been trying to ensure that the Parole Division has knowledge of the mental health needs of those who are returning to the communities and that the Division will make appointments for those returning to local communities with the appropriate local providers.

The Commissioner told the members that when he took over the DOC there were not accurate records on recidivism and that information on incidents at the facilities was inadequate. He reported that the new medical Director of the DOC started work on September 12. The Director is a state employee.

There was discussion concerning mental health drugs and the formulary used by the DOC. The concerns center around substituting a drug from the formulary for a drug an inmate was successfully using prior to incarceration. Also, there was concern with treatment time lost while an inmate is adjusting to a new drug. In response to questions from members, the Commissioner said he will find out if the formulary used by DOC is the same as the formulary used by Medicaid. Commissioner Donahue stated that the use of the formulary is important to managing care. It is possible to use a drug which is not on the formulary if the doctors treating an inmate indicate that it is essential. In answer to a question from Representative Brown, the Commissioner said that it would not be feasible to have drugs provided by outside sources such as family members. There are concerns about security and controlling substances within the prisons.

Dr. Anita Glassen, a practicing psychiatrist who worked under the old medical services contract, reported to the Commission on her experiences working under the old contract for medical services. Dr. Glassen discussed the diagnostic procedures that occur during the first 24 hours when an inmate arrives. She also discussed the new training prison officers are receiving and indicated that the training will allow for more immediate identification of mental health problems that arise after the initial intake process. Dr. Glassen sees the formulary as a highlight of the mental health delivery system. She expressed concerns the continuation of care after release.

Ms. Dee Weeks, NAMI of South Central Indiana, discussed the treatment her son has received while in the prison system. She is concerned with how drugs are distributed.

IV. Update on Diversion Programs and Sex Offender Programs

Commissioner Donahue, reported that maintaining good working relations with community corrections programs is essential to diversion programs being effective. Currently DOC is involved with three diversion programs dealing with substance abuse and behavior modification, and there are three faith-based diversion programs. Accountable programs for re-entry into communities are critical.

Regarding the sex offender programs, the Commissioner reported that a contract is being finalized to work with communities when offenders are released. Treatment for inmates who are convicted of sex offenses, unlike most other treatment programs offered by DOC, is not voluntary. There have been discussions with the Parole Board to enhance programs designed to manage the return of convicted sex offenders to communities upon release.

V. Discussion of Grant to Study Psychiatric Services at DOC, Mr. Stephen McCaffrey, Mental Health Association in Indiana

Mr. Stephen McCaffrey, President, Mental Health Association in Indiana, reported to the Commission on a grant which the Mental Health Association in Indiana has to study mental health services at DOC. The study is now in the stage of gathering information from the mental health community and DOC. The Association has a contract with Dr. Caroline Doebbling for this stage of the study. There is a partnership with DOC for the study which makes the study unique. One issue is standardization of screening procedures. The study will also look at evidence-based issues with the formulary which, according to Mr. McCaffrey, is not the same as the Medicaid formulary. Discharge planning is also a major issue. DOC is working with the researchers in looking at issues concerning age, race, recidivism, discharge planning, and other issues. In answer to questions Mr. McCaffrey said that for the first year, they hope the study will look at big issues and then proceed with follow-up studies.

VI. Presentation on Court Ordered Assisted Out Patient Services for Persons with Severe Mental Illness - NAMI

Ms. Kelly Meyers, NAMI Indiana, reported that the judge NAMI thought would be making the presentation was unable to attend the meeting. Ms. Meyers stated that NAMI appreciates the efforts of DOC in educating correctional staff on mental health issues. She said that the use of force within the prisons has been reduced by 70% with the training offered by NAMI.

VII. Other Business

Chairperson Lawson told the members that Senator Simpson had sent her regrets on being unable to attend the meeting due to a conflict with the Budget Committee meeting. Senator Lawson said that she had assured Senator Simpson that the handouts from FSSA concerning the status of the three mental hospitals will be forwarded to her.

The meeting was adjourned at 1:10 P.M.